

2010 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATEPolitical Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

RECEIVED

OCT 26 2010

Campaign Finance  
Secretary of State

DATE STAMP

Name of Committee Committee to Elect Nebr Porter Circuit Court JudgeAddress P.O. Box 262 West Point, MS 39773Telephone 662-295-6915 Fax 662-494-3160Treasurer Elton F. Dean Email porterforcircuitcourtjudge@yahoo.com☐ Check here if above is different from previous report

## TYPE OF REPORT

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☒ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$1700.00 + \$815.25	\$ 2515.25	\$ 10,128.25
Total amount of disbursements	\$2179.44 + \$ 100.00	\$ 2279.44	\$ 8,210.85
Total amount of cash on hand		\$ 235.81	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 726, Jackson, MS 39205 or fax to 601-359-7439 or 601-576-2513.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Name of Candidate or Committee Committee to Elect Nepra Porter  
 Reporting period Oct. 1, 2010 through Oct. 23, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>506 Printing</u>	<u>10/14/10</u>	\$ <u>1345.79</u>
Mailing Address <u>P.O. Box 294</u>		\$
City, State, Zip Code <u>Macon, MS 39341</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>T-Shirts &amp; Signs</u>	Aggregate Year-to-date	\$ <u>4083.93</u>
B. Full name <u>Allmond Printing</u>	Date (Mo., Day, Year) <u>10/12/10</u>	Amount of each disbursement this period \$ <u>422.65</u>
Mailing Address <u>603 W. Commerce St.</u>		\$
City, State, Zip Code <u>Aberdeen, MS 39730</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Push Cards</u>	Aggregate Year-to-date	\$ <u>1285.06</u>
C. Full name <u>Columbus Packet</u>	Date (Mo., Day, Year) <u>10/16/10</u>	Amount of each disbursement this period \$ <u>235.00</u>
Mailing Address <u>301 Main St.</u>		\$
City, State, Zip Code <u>Columbus, MS 39701</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$ <u>235.00</u>
D. Full name <u>USPS</u>	Date (Mo., Day, Year) <u>10/13/10</u>	Amount of each disbursement this period \$ <u>44.00</u>
Mailing Address		\$
City, State, Zip Code <u>West Point, MS 39773</u>	<u>10/01/10</u>	\$ <u>132.00</u>
Purpose of Disbursement (Optional) <u>postage/traveling</u>	Aggregate Year-to-date	\$ <u>405.90</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$



Page 1 of 1

Name of Candidate or Committee Committee to Elect Debra Porter  
 Reporting period Oct 1, 2010 through Oct. 23, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Organization</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barbasse</u> <u>Golden Triangle Chapter of the Magnolia</u>	<u>10/1/10</u>	\$ <u>1700.00</u>
Mailing Address <u>P.O. Box 312</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>West Point, MS 39273</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>1700.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$